



Attorney's Docket No.: 10275-094001  
Client's Ref. No.: TCI-094

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled TRANSGENICALLY PRODUCED DECORIN, the specification of which:

[X] was filed on May 4, 2001 as Application Serial No. 09/849,657.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
60/201,932	May 5, 2000	Abandoned

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Louis Myers, Reg. No. 35,965  
Laurie Butler Lawrence, Reg. No. 46,593

Timothy A. French, Reg. No. 30,175  
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Address all telephone calls to LOUIS MYERS at telephone number (617) 521-7872.

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FISH & RICHARDSON P.C.  
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Boston, MA 02110-2804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

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**Combined Declaration and Power of Attorney**

Page 2 of 2 Pages

Full Name of Inventor: HARRY M. MEADE

Inventor's Signature: *Harry M. Meade* Date: 10/30/01  
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Citizenship: United States  
Post Office Address: 62 Grasmere Street  
Newton, Massachusetts 02158

Full Name of Inventor: MICHAEL PIERSCHBACHER

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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**Combined Declaration and Power of Attorney**  
Page 2 of 2 Pages

Full Name of Inventor: **HARRY M. MEADE**

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Full Name of Inventor: **MICHAEL PIERSCHBACHER**

Inventor's Signature: Michael Pierschbacher

Residence Address: San Diego, CA Date: 10-24-01

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